

# FISCAL YEAR 2010

## EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT

<b>APPLICANT NAME (Jurisdiction): Collin County</b>				
<b>Document</b>	<b>Submitted By</b>	<b>Date</b>	<b>TDEM Review By</b>	<b>Date</b>
Statement of Work	Mr. Kelley Stone	12/18/09		
Progress Report #1				
Progress Report #2				

  

<b>TASK 1—WORK PLAN &amp; SEMIANNUAL PROGRESS REPORT</b>	
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will submit an EMPG Application, two Progress Reports, two Staffing Commitment Certifications, and four Quarterly Financial Reports Our jurisdiction has appointed a NIMSCAST point of contact, established a NIMSCAST account, and is 100% compliant with FY 2009 NIMSCAST objectives and metrics
<input type="checkbox"/> Progress Report #1	<input type="checkbox"/> This Progress Report # 1 is being submitted to the TDEM Preparedness Section <input type="checkbox"/> First & Second Quarter Financial Reports have been submitted to TDEM Support Services
<input type="checkbox"/> Progress Report #2	<input type="checkbox"/> This Progress Report # 2 is being submitted to the TDEM Preparedness Section <input type="checkbox"/> Third & Fourth Quarter Financial Reports have been submitted to TDEM Support Services

  

<b>TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM</b>	
<input checked="" type="checkbox"/> Work Plan	Our jurisdiction will maintain current legal documents establishing our emergency management program <input checked="" type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input checked="" type="checkbox"/> Our TRRN registration completed and resources entered <input checked="" type="checkbox"/> Our legal documents are current & on file with TDEM; no additional action is required <input type="checkbox"/> Our jurisdiction will prepare or update & submit to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:
<input type="checkbox"/> Progress Report #1  October 1 – March 31	<input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:
<input type="checkbox"/> Progress Report #2  April 1- September 30	<input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated:

TASK 3—PUBLIC EDUCATION/INFORMATION	
<input checked="" type="checkbox"/> Work Plan	<input type="checkbox"/> Option 1: Our jurisdiction will conduct 30 hours of hazard awareness activities for local citizens <p style="text-align: center;">OR</p> <input checked="" type="checkbox"/> Option 2: Our jurisdiction will prepare & distribute public education/information materials to a substantial portion of the community. In the space below, <b>describe the materials to be distributed:</b> KnowWhat2Do Public Education Campaign materials, funded by the Metro Urban Area Security Initiative
<input type="checkbox"/> Progress Report #1  October 1 – March 31	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities:
<input type="checkbox"/> Progress Report #2  April 1 – September 30	<input type="checkbox"/> Our jurisdiction completed the following hazard awareness or public education/information activities:
TASK 4—EMERGENCY MANAGEMENT PLANNING DOCUMENTS	
<input checked="" type="checkbox"/> Work Plan	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input checked="" type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We will develop, update, or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents:
<input type="checkbox"/> Progress Report #1  October 1 – March 31	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents:
<input type="checkbox"/> Progress Report #2  April 1 – September 30	<input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents:

## TASK 5—EXERCISE PARTICIPATION & SCHEDULE

☒ Work Plan

Our required three-year exercise schedule is listed below  
Our jurisdiction will conduct & report participation in a tabletop exercise and a functional or full-scale exercise this fiscal year or obtain exercise credit for actual events for these exercises

☐ Our required exercise schedule includes make up exercises from FY \_\_\_\_\_

**NOTE:** A Full-Scale exercise must be conducted every three (3) years.

### REQUIRED EXERCISE SCHEDULE

Period	Exercise Type	Exercise Scenario*	Quarter of Year
Fiscal Year <b>2010</b> (October 1, 2009 - September 30, 2010)	<input checked="" type="checkbox"/> Tabletop	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> Functional	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input checked="" type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input checked="" type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Fiscal Year <b>2011</b> (October 1, 2010 - September 30, 2011)	<input checked="" type="checkbox"/> Tabletop	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> Functional	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input checked="" type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input checked="" type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Fiscal Year <b>2012</b> (October 1, 2011 - September 30, 2012)	<input checked="" type="checkbox"/> Tabletop	<input checked="" type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> Functional	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input checked="" type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR <input checked="" type="checkbox"/> HM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4

Our last Full-Scale exercise was conducted on (date): April/May 2009

Scenario\*: HM

\*Scenarios: NH=Natural Hazard, TH=Technological Hazard, NS=National Security, TR=Terrorism, HM=Public Health or Medical

<input type="checkbox"/> Progress Report #1  October 1 – March 31	<b>We conducted the following exercises and provided documentation to TDEM:</b>			
	<b>Exercise</b>	<b>Date</b>	<b># of Participants</b>	<b># of Jurisdictions</b>
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
<input type="checkbox"/> Progress Report #2  April 1 – September 30	<b>We conducted the following exercises and provided documentation to TDEM:</b>			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			
	<input type="checkbox"/> Tabletop			
	<input type="checkbox"/> Functional			
	<input type="checkbox"/> Full-Scale			

☐ Our jurisdiction completed NO exercise and did not request credit for an actual event  
☐ Our jurisdiction requested functional or full-scale exercise credit for an actual event on \_\_\_\_\_ and our request ☐ is pending ☐ was approved and documentation of approval is attached

☐ Our jurisdiction completed NO exercise and did not request credit for an actual event  
☐ Our jurisdiction requested functional or full-scale exercise credit for an actual event on \_\_\_\_\_ and our request ☐ is pending ☐ was approved and documentation of approval is attached

**TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL**

<input checked="" type="checkbox"/> Work Plan	EMPG-funded emergency management personnel will participate in the following training during FY 2010:		
	<b>Position/Name</b>	<b>Course Name or Number</b>	
	Jason Lane/Asst. EMC	G920 Texas Exercise Design & Evaluation Course	
	Jason Lane/Asst. EMC	IS 120.a An Introduction to Exercises	
	Jason Lane/Asst. EMC	IS 870 Dams Sector: Crisis Response	
	Jason Lane/Asst. EMC	IS 253 Coordinating Environmental and Historic Preservation Compliance	
<input type="checkbox"/> Progress Report #1  October 1 – March 31	Emergency management personnel completed the following training and documentation is attached:		
	<b>Position/Name</b>	<b>Course Name or Number</b>	<b>Date Completed</b>
<input type="checkbox"/> Progress Report #2  April 1 – September 30	Emergency management personnel completed the following training and documentation is attached:		
	<b>Position/Name</b>	<b>Course Name or Number</b>	<b>Date Completed</b>

TASK 7—EMERGENCY MANAGEMENT TRAINING FOR OTHER PERSONNEL					
<input checked="" type="checkbox"/> Work Plan		Our jurisdiction will conduct or arrange emergency management related training for elected officials, other local officials, & support agencies.			
<input type="checkbox"/> Progress Report #1  October 1 – March 31		The following formal training courses were taught or contracted:			
		Date	Course Title	Class Description	# Trained
<input type="checkbox"/> Progress Report #2  April 1 – September 30		The following formal training courses were taught or contracted:			
		Date	Course Title	Class Description	# Trained
TASK 8—EMERGENCY MANAGEMENT ORGANIZATIONAL DEVELOPMENT					
<input checked="" type="checkbox"/> Work Plan		Our jurisdiction will participate in the following emergency management organizational development activities: Texas Homeland Security Conference			
<input type="checkbox"/> Progress Report #1  October 1 – March 31		Our jurisdiction completed the following staff development activities:			
<input type="checkbox"/> Progress Report #2  April 1 – September 30		Our jurisdiction completed the following staff development activities:			

**APPLICANT NAME:**

**REMARKS**  
**(Use an Additional Sheet if Necessary)**

# FISCAL YEAR 2010 DESIGNATION OF EMPG GRANT OFFICIALS

<b>APPLICANT NAME</b> (Jurisdiction): Collin County	
<b>EMERGENCY MANAGEMENT COORDINATOR*</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Kelley Stone
Official Mailing Address	Collin county Homeland Security 4300 Community Avenue McKinney, TX 75071
Daytime Phone Number	(972) 548-5537
Fax Number	(972) 548-4747
E-mail Address	kstone@collincountytx.gov
<b>GRANT FINANCIAL OFFICER (CANNOT BE EMC)</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Jeff May
Title	County Auditor
Official Mailing Address	Collin County Administration Building 2300 Community Avenue, Suite 3100 McKinney, TX 75071
Daytime Phone Number	(972) 548-4731
Fax Number	(972) 548-4696
E-mail Address	jmay@co.collin.tx.us
<b>AUTHORIZED OFFICIAL (MAYOR, COUNTY JUDGE, CITY MANAGER)</b>	
<b>NAME</b>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Keith Self
Title	County Judge
Official Mailing Address	Collin County Administration Building 2300 Community Avenue, Suite 4192 McKinney, TX 75071
Daytime Phone Number	(972) 548-4631
Fax Number	(972) 548-4699
E-mail Address	keith.self@co.collin.tx.us